

## **REQUEST FORM**

## **Human Resources**

Department Administration Bldg. 651 Pine Street 2<sup>nd</sup> Floor Martinez, California 94553-1292

Fax: (925) 335-1797

(NOTE: Attach a self-addressed stamped envelope, or provide a valid email address with this request in order to receive your ranking on an eligible list. We cannot send your ranking to you if you fail to provide the self-addressed stamped envelope or a valid email address. You do not need to send a self-addressed stamped envelope for address changes.)

NAME:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:		SSN:	
EMAIL:			
NEW: NAME / ADDRESS INFORMATION (if different from above)			
NAME:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:		SSN:	
EMAIL:			
REQUEST FOR ELIGIBLE LIST RANKING (non-continuous only)			
TITLE OF EXAM:			
DATE OF EXAM:			
SIGNATURE:		DATI	E:
ELIGIBLE LIST	RANKING	– FOR OFFICIAL	USE ONLY
ELIGIBLE LIST  Per your request, your rank as of date is		– FOR OFFICIAL	USE ONLY Score:
	S		